

STATE OF TEXAS

CERTIFICATION OF VITAL RECORD

C-1-PB-17-000485

DEPARTMENT OF STATE HEALTH SERVICES VITAL STATISTICS UNIT

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS

DEC 09 2016

STATE OF TEXAS

CERTIFICATE OF DEATH

STATE FILE NUMBER

34

Filed: 3/8/2017 11:22:13

C-1-PB-17-000485

Dana DeBeauvoir

Travis County Clerk

Blair Hicks

TEXAS DEPARTMENT OF STATE HEALTH SERVICES - VITAL STATISTICS UNIT

1. LEGAL NAME OF DECEASED (Include AKA's, if any) (First, Middle, Last)		2. DATE OF DEATH ACTUAL OR PRESUMED (mm-dd-yyyy)	
ROOSEVELT WALKER		NOVEMBER 26, 2016	
3. SEX	4. DATE (mm-dd-yyyy)	5. AGE-Last Birthday (Years)	6. BIRTHPLACE (City & State or Foreign Country)
MALE		84	DEL VALLE, TX
7. SOCIAL SECURITY NUMBER		8. MARITAL STATUS AT TIME OF DEATH	9. SURVIVING SPOUSE'S NAME (If wife, give name prior to first marriage)
		<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown	
10a. RESIDENCE STREET ADDRESS		10b. APT. NO.	10c. CITY OR TOWN
1707 CEDAR AVE.			AUSTIN
10d. COUNTY	10e. STATE	10f. ZIP CODE	10g. INSIDE CITY LIMITS?
TRAVIS	TEXAS	78702	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
11. FATHER'S NAME PRIOR TO FIRST MARRIAGE		12. MOTHER'S NAME PRIOR TO FIRST MARRIAGE	
WILSON HILL		MARY CLARK	
13. PLACE OF DEATH (CHECK ONLY ONE)			
IF DEATH OCCURRED IN A HOSPITAL: <input type="checkbox"/> Inpatient <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> DOA			
IF DEATH OCCURRED SOMEWHERE OTHER THAN A HOSPITAL: <input type="checkbox"/> Hospice Facility <input type="checkbox"/> Nursing Home <input checked="" type="checkbox"/> Decedent's Home <input type="checkbox"/> Other (Specify)			
14. COUNTY OF DEATH		15. CITY/TOWN, ZIP (If outside city limits, give precinct NO.)	
TRAVIS		AUSTIN, 78702	
17. INFORMANT'S NAME & RELATIONSHIP TO DECEASED		18. MAILING ADDRESS OF INFORMANT (Street and Number, City, State, Zip Code)	
CHARLOTTE WALKER - DAUGHTER		8601 DEJA AVE., AUSTIN, TX 78747	
19. METHOD OF DISPOSITION		20. SIGNATURE AND LICENSE NUMBER OF FUNERAL DIRECTOR OR PERSON ACTING AS SUCH	
<input checked="" type="checkbox"/> Burial <input type="checkbox"/> Entombment <input type="checkbox"/> Other (Specify)		STUART HINES KING, BY ELECTRONIC SIGNATURE - 12401	
21. <input type="checkbox"/> Unknown			
22. PLACE OF DISPOSITION (Name of cemetery, crematory, other place)		23. LOCATION (City/Town, and State)	
EVERGREEN CEMETERY		AUSTIN, TX	
24. NAME OF FUNERAL FACILITY		25. COMPLETE ADDRESS OF FUNERAL FACILITY (Street and Number, City, State, Zip Code)	
KING-TEARS MORTUARY, INC.		1300 EAST 12TH STREET, AUSTIN, TX 78702	
26. CERTIFIER (Check only one)		27. SIGNATURE OF CERTIFIER	
<input checked="" type="checkbox"/> Medical Examiner/Justice of the Peace - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date and place, and due to the cause(s) and manner stated.		MICHAEL L. GUTIERREZ, BY ELECTRONIC SIGNATURE	
28. DATE CERTIFIED (mm-dd-yyyy)		29. LICENSE NUMBER	30. TIME OF DEATH (Actual or presumed)
DECEMBER 2, 2016			10:46 AM
31. PRINTED NAME, ADDRESS OF CERTIFIER (Street and Number, City, State, Zip Code)		32. TITLE OF CERTIFIER	
MICHAEL L. GUTIERREZ 1009 E. 40TH STREET, SUITE 300B, AUSTIN, TX 78751		MD	
33. PART 1. ENTER THE CHAIN OF EVENTS - DISEASES, INJURIES, OR COMPLICATIONS - THAT INITIALLY CAUSED THE DEATH. DO NOT ENTER TERMINAL EVENTS SUCH AS CARDIAC ARREST, RESPIRATORY ARREST, OR VENTRICULAR FIBRILLATION WITHOUT SHOWING THE ETIOLOGY. DO NOT ABBREVIATE. ENTER ONLY ONE CAUSE ON EACH.		34. WAS AN AUTOPSY PERFORMED?	
IMMEDIATE CAUSE (Final disease or condition resulting in death)		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
a. ATHEROSCLEROTIC HEART DISEASE		35. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?	
Due to (or as a consequence of):		<input type="checkbox"/> Yes <input type="checkbox"/> No	
b.			
Due to (or as a consequence of):			
c.			
Due to (or as a consequence of):			
d.			
36. MANNER OF DEATH		37. DID TOBACCO USE CONTRIBUTE TO DEATH?	
<input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending Investigation <input type="checkbox"/> Could not be determined		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Probably <input checked="" type="checkbox"/> Unknown	
38. IF FEMALE:		39. IF TRANSPORTATION INJURY, SPECIFY:	
<input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to one year before death <input type="checkbox"/> Unknown if pregnant within the past year		<input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify)	
40a. DATE OF INJURY (mm-dd-yyyy)	40b. TIME OF INJURY	40c. INJURY AT WORK?	40d. PLACE OF INJURY (e.g. Decedent's home, construction site, restaurant, wooded area)
		<input type="checkbox"/> Yes <input type="checkbox"/> No	
40e. LOCATION (Street and Number, City, State, Zip Code)		40f. COUNTY OF INJURY	
41. DESCRIBE HOW INJURY OCCURRED			
42a. REGISTRAR FILE NO.	42b. DATE RECEIVED BY LOCAL REGISTRAR	42c. REGISTRAR:	
0204690	DECEMBER 9, 2016	REGISTRAR - CITY OF AUSTIN, ELECTRONICALLY FILED	
EDR NUMBER 000002005466			

WARNING: The penalty for knowingly making a false statement in this form can be 2-10 years in prison and a fine up to \$10,000. (Health and Safety Code, Sec. 156.158)

VS-112 REV 1/2006

Q A 0 9 9 2 7 4 6 7

This is a true and correct reproduction of the original record as recorded in this office. Issued under authority of Section 191.051, Health and Safety Code.

ISSUED DEC 12 2016

WARNING: THIS DOCUMENT HAS A DARK BLUE BORDER AND A COLORED BACKGROUND

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

VICTOR A. FARINELLI
ACTING STATE REGISTRAR

BMA